



Rx Focus

Treating Swimmer's Ear

For relief from the summer's heat, many people take to the beach and/or pool. Because water entering the ear canal while swimming can affect its acidity and lead to an overgrowth of bacteria, acute otitis externa (AOE) or "swimmer's ear" is prevalent at this time of year. The annual incidence of AOE in the United States is about 1% with the 7 to 12 year age group being most susceptible.

Symptoms of AOE include severe ear pain, itching, or feeling of fullness. Hearing loss and or jaw pain may also be present. Fortunately, there are a variety of effective products for the treatment of AOE. The commonly prescribed ear drop products all require a prescription and may include antibiotics, steroids and/or low pH antiseptics as ingredients. Examples include *Acetosol HC*, *Cipro HC*, *Ciprodex*, *Cortisporin Otic*, *Floxin Otic*, *Otocort*, and *VoSol HC*. Generally, symptoms will improve within 48 to 72 hours, and treatment should continue for a period of 7 to 10 days.

Tips for proper ear drop use:

- ➔ Wash hands thoroughly.
- ➔ If possible, have another person instill the ear drops (for accuracy and to prevent contamination of the dropper bottle).
- ➔ Have person lie down with affected ear facing upward.
- ➔ If the drops are in a suspension form, shake bottle well for 10 seconds before using.
- ➔ To allow the drops to run in: for adults, hold the ear lobe up and back; for children, hold ear lobe down and back.
- ➔ Have the person remain in this position for 3 to 5 minutes.
- ➔ Leave the ear canal open to dry.

Several things can be done to prevent AOE. Wearing ear plugs while swimming can be helpful in preventing infection. In addition, several over-the-counter alcohol-based ear drop products are effective in drying out the ears after swimming (*Auro-Dri*, *Ear-Dry*, *Swim Ear*, etc.). Drying the ears with a hair dryer (low setting and one foot away for 60 seconds) can also be effective.

References:

1. Drug treatments for swimmer's ear. Pharmacist's Letter/Prescriber's Letter 2006; 22(6):220611.

Contact Lens Use and Fungal Infections

The Food and Drug Administration (FDA) and the Centers for Disease Control (CDC) are currently investigating a recent increase in the reports of a rare but serious fungal infection of the eye caused by the *Fusarium* fungus. The infection may cause vision loss that ultimately may require corneal transplantation to correct.

Because there has been some correlation between the use of a specific brand of contact lens solution and the cases of fungal keratitis, Bausch & Lomb has asked U.S. retailers to remove ReNu MoistureLoc from their shelves. In addition, it is recommending that consumers stop using the product immediately and discard any unused product.

If you are a contact lens wearer, there are several precautions you can take to decrease your risk of fungal eye infection:

- ➔ Wash hands with soap and water, and dry with a lint free towel before handling lenses.
- ➔ Wear and replace lenses according to the schedule prescribed by your doctor.
- ➔ Follow the specific lens cleaning procedure and storage guidelines recommended by your doctor and by the manufacturer of your lens cleaning products.
- ➔ Keep the contact lens case clean and replace every 3 to 6 months.
- ➔ Remove lenses and consult your doctor immediately if you experience redness, pain, tearing, increased light sensitivity, blurry vision, discharge and/or swelling.

In addition, consider using a rub and rinse method of cleaning your lenses rather than a no rub method.

References:

1. Pharmacist's Letter/Prescriber's Letter 2006; 22(5):200507. Fungal keratitis infections related to contact lens use.



Industry Focus

FDA Approves First Ever Insulin Pump with Continuous Glucose Monitoring

On April 13, 2006, Medtronic, Inc. of Minneapolis announced the FDA approval of its MiniMed Paradigm® REAL-Time Insulin Pump and Continuous Glucose Monitoring System. This new

technology will allow patients to take immediate corrective and preventive action to maintain healthy glucose levels. It is made up of two components: a REAL-time Continuous Glucose Monitoring (CGM) System and a MiniMed Paradigm insulin pump. The CGM component is indicated for individuals 18 years old and above, and relays glucose readings from a glucose sensor to the insulin pump every 5 minutes. The glucose sensor is a tiny electrode inserted under the skin that measures glucose in the tissue fluid between cells. Typically, the glucose sensor is discarded and replaced every 3 days. (The insulin pump component has no age restrictions.) Kits containing both components will be available this summer and the cost will be about \$1000.

Note: Insulin pumps and CGM Systems are not a covered service on CBCA Rx plans. Insulin pumps are generally covered on the Durable Medical Equipment (DME) portion of health plans.



New Drug Approvals

Chantix® Tablets

Approved: 5/11/2006

Chemical Name: Varenicline Tartrate

Manufacturer: Pfizer, Inc

Approved Indications: to help cigarette smokers stop smoking.

Therapeutic Class: Smoking Deterrents

Average Wholesale Price: \$112

Azilect® Tablets

Approved: 05/17/2006

Chemical Name: Rasagiline

Manufacturer: Teva Pharmaceutical Industries

Approved Indication: Treatment of moderate-to-advanced stages of Parkinson's Disease

Average Wholesale Price: unavailable at this time



New Generic Drug Approvals

Simvastatin (5mg, 10mg, 20mg, 40mg, & 80mg)

Approved: 6/23/2006

Manufacturer: IVAX/TEVA Pharmaceuticals

Brand Name Equivalent: Zocor

Approved Indication: Cholesterol Reduction

Azithromycin Suspension (100mg & 200mg)

Approved: 5/19/2006

Manufacturer: Greenstone LTD

Brand Name Equivalent: Zithromax Suspension

Approved Indication: Mild to moderate bacterial infections

Sertraline (25mg, 50mg & 100mg)

Approved: 5/19/2006

Manufacturer: Greenstone LTD

Brand Name Equivalent: Zoloft Tablets

Approved Indication: Major Depressive Disorder



Recipe X-Change

Ginger-Lime Shrimp

From Food Network Kitchens

Recipe Summary

Prep Time: 25 minutes

Cook Time: 15 minutes

Yield: 4 servings

Ingredients:

1 1/2 pounds large shrimp, shelled, deveined

Kosher salt and freshly ground pepper

4 teaspoons unsalted butter, cut into 4 pieces

1 1/2 teaspoons finely grated peeled fresh ginger

2 tablespoons fresh lime juice

1/2 teaspoon grated lime zest

10 mint leaves, julienned

10 basil leaves, julienned

Divide the shrimp between two 8- or 9-inch pie pans and pat them completely dry with a paper towel. Arrange the shrimp so they lay flat and are evenly spaced in the pans.

Heat 2 large skillets over medium heat. Season the shrimp with salt and pepper; add a teaspoon of butter to each pan and turn the heat to high. When the foam subsides, invert a pie pan of shrimp over the skillet so they fall into the pan all at once. Repeat with the other pan of shrimp. Cook the shrimp, undisturbed, until they turn golden brown on the bottom, about 2 minutes. Add a remaining teaspoon of butter to each pan and turn off the heat. Turn the shrimp over with tongs and cook for 1 minute in the residual heat of the pans. Add half the ginger, lime juice and zest, mint, and basil to each pan, and shake to combine.

Divide the shrimp among 4 plates or a serving platter and serve hot or at room temperature.

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